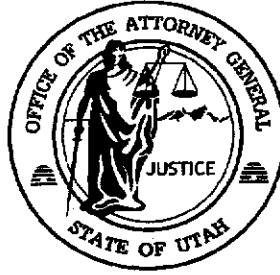


UTAH ATTORNEY



GENERALS OFFICE

ID Fraud Packet



Contents:

- ID Fraud Report
- Contact Tracking Sheet
- Affidavit (Provided by the Federal Trade Commission)

Thank you for filling a complaint, if you have any questions please feel free to contact:

Betsy Schoenfeld
801.281.1265
idfraud@utah.gov
5272 S College Dr Suite 200
Murray, Utah 84123

Report Taken By: _____

Date entered into database ____/____/____
Entered by: _____

Identity Fraud Report
Utah Attorney Generals Office

Date: ____/____/____ Case Number: _____ - _____

Victim

Full Name: _____

Date of Birth: ____/____/____ Social Security Number: _____ - _____ - _____

Drivers License Number: _____ State: _____

Current Address: _____

City: _____ State: _____

Phone Number: (____) _____ - _____ Cell Number: (____) _____ - _____

Suspect

Full Name: _____

Date of Birth: ____/____/____ Social Security Number: _____ - _____ - _____

Drivers License Number: _____ State: _____

Current Address: _____

City: _____ State: _____

Phone Number: (____) _____ - _____ Cell Number: (____) _____ - _____

Relationship To Victim: _____

Other Victims: _____

Contact Tracking Sheet

☐ **Police Contact**

Date: ____/____/____

Police Agency: _____

Officer: _____ Badge Number: _____

Phone Number: (____) ____ - ____ Case Number: _____

Notes: _____

☐ **Social Security Office**

Date: ____/____/____

Spoke With: _____ ID/Ext: _____

Phone Number: (____) ____ - ____ Fax Number: (____) ____ - ____

Notes: _____

☐ **United States Postal Inspection Service**

Date: ____/____/____

Spoke With: _____ ID/Ext: _____

Phone Number: (____) ____ - ____ Fax Number: (____) ____ - ____

Notes: _____

☐ **Financial Institutions/Creditors**

Date: ____/____/____

Spoke With: _____ ID/Ext: _____

Phone Number: (____) ____ - ____ Fax Number: (____) ____ - ____

Notes: _____

☐ **Financial Institutions/Creditors**

Date: ____/____/____

Spoke With: _____ ID/Ext: _____

Phone Number: (____) ____ - ____ Fax Number: (____) ____ - ____

Notes: _____

☐ **Financial Institutions/Creditors**

Date: ____/____/____

Spoke With: _____ ID/Ext: _____

Phone Number: (____) ____ - ____ Fax Number: (____) ____ - ____

Notes: _____

Federal Trade Commission

Date Called: ____ / ____ / ____

Reference Number: _____

Notes: _____

Equifax

Date Called: ____ / ____ / ____

Reference Number: _____

Experian

Date Called: ____ / ____ / ____

Reference Number: _____

Trans Union

Date Called: ____ / ____ / ____

Reference Number: _____

***For your convenience if you contact one of these three credit reporting agencies they will share your information with the other two.**

Instructions for Completing the ID Theft Affidavit

To make certain that you do not become responsible for the debts incurred by the identity thief, you must provide proof that you didn't create the debt to each of the companies where accounts were opened or used in your name.

A working group composed of credit grantors, consumer advocates and the Federal Trade Commission (FTC) developed this ID Theft Affidavit to help you report information to many companies using just one standard form. Use of this affidavit is optional for companies. While many companies accept this affidavit, others require that you submit more or different forms. Before you send the affidavit, contact each company to find out if they accept it.

You can use this affidavit where a **new account** was opened in your name. The information will enable the companies to investigate the fraud and decide the outcome of your claim. (If someone made unauthorized charges to an **existing account**, call the company to find out what to do.)

This affidavit has two parts:

- **ID Theft Affidavit** is where you report general information about yourself and the theft.
- **Fraudulent Account Statement** is where you describe the fraudulent account(s) opened in your name. Use a separate Fraudulent Account Statement for each company you need to write to.

When you send the affidavit to the companies, attach copies (**NOT** originals) of any supporting documents (for example, drivers license, police report) you have. Before submitting your affidavit, review the disputed account(s) with family members or friends who may have information about

the account(s) or access to them.

Complete this affidavit as soon as possible. Many creditors ask that you send it within two weeks of receiving it. Delaying could slow the investigation.

Be as accurate and complete as possible. You *may* choose not to provide some of the information requested. However, incorrect or incomplete information will slow the process of investigating your claim and absolving the debt. Please print clearly.

When you have finished completing the affidavit, mail a copy to each creditor, bank or company that provided the thief with the unauthorized credit, goods or services you describe. Attach to each affidavit a copy of the Fraudulent Account Statement with information only on accounts opened at the institution receiving the packet, as well as any other supporting documentation you are able to provide.

Send the appropriate documents to each company by certified mail, return receipt requested, so you can prove that it was received. The companies will review your claim and send you a written response telling you the outcome of their investigation. **Keep a copy of everything you submit for your records.**

If you cannot complete the affidavit, a legal guardian or someone with power of attorney may complete it for you. Except as noted, the information you provide will be used only by the company to process your affidavit, investigate the events you report and help stop further fraud. If this affidavit is requested in a lawsuit, the company might have to provide it to the requesting party.

Completing this affidavit does not guarantee that the identity thief will be prosecuted or that the debt will be cleared.

DO NOT SEND AFFIDAVIT TO THE FTC OR ANY OTHER
GOVERNMENT AGENCY

If you haven't already done so, report the fraud to the following organizations:

1. Each of the three **national consumer reporting agencies**. Ask each agency to place a "fraud alert" on your credit report, and send you a copy of your credit file. When you have completed your affidavit packet, you may want to send them a copy to help them investigate the disputed accounts.

■ **Equifax Credit Information Services, Inc.**
(800) 525-6285/ TDD 1-800-255-0056 and ask the operator to call the Auto Disclosure Line at 1-800-685-1111 to obtain a copy of your report.
P.O. Box 740241, Atlanta, GA 30374-0241
www.equifax.com

■ **Experian information Solutions, Inc.**
(888) 397-3742/ TDD (800) 972-0322
P.O. Box 9530, Allen, TX 75013
www.experian.com

■ **TransUnion**
(800) 680-7289/ TDD (877) 553-7803
Fraud Victim Assistance Division
P.O. Box 6790, Fullerton, CA 92634-6790
www.transunion.com

2. The **fraud department at each creditor, bank, or utility/service** that provided the identity thief with unauthorized credit, goods or services. This would be a good time to find out if the company accepts this affidavit, and whether they require notarization or a copy of the police report.
3. Your local **police department**. Ask the officer to take a report and give you a copy of the report. Sending a copy of your police report to financial institutions can speed up the process of absolving you of wrongful debts or removing inaccurate information from your credit reports. If you can't get a copy, at least get the number of the report.
4. The FTC, which maintains the Identity Theft Data Clearinghouse – the federal government's centralized identity theft complaint database – and provides information to identity theft victims. You can visit www.consumer.gov/idtheft or call toll-free **1-877-ID-THEFT (1-877-438-4338)**.

The FTC collects complaints from identity theft victims and shares their information with law enforcement nationwide. This information also may be shared with other government agencies, consumer reporting agencies, and companies where the fraud was perpetrated to help resolve identity theft related problems.

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ID Theft Affidavit

Victim Information

(1) My full legal name is _____
(First) (Middle) (Last) (Jr., Sr., III)

(2) (If different from above) When the events described in this affidavit took place, I was known as

(First) (Middle) (Last) (Jr., Sr., III)

(3) My date of birth is _____
(day/month/year)

(4) My Social Security number is _____

(5) My driver's license or identification card state and number are _____

(6) My current address is _____

City _____ State _____ Zip Code _____

(7) I have lived at this address since _____
(month/year)

(8) (If different from above) When the events described in this affidavit took place, my address was

City _____ State _____ Zip Code _____

(9) I lived at the address in Item 8 from _____ until _____
(month/year) (month/year)

(10) My daytime telephone number is (____) _____

My evening telephone number is (____) _____

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How the Fraud Occurred

Check all that apply for items 11 - 17:

- (11) ☐ I did not authorize anyone to use my name or personal information to seek the money, credit, loans, goods or services described in this report.
- (12) ☐ I did not receive any benefit, money, goods or services as a result of the events described in this report.
- (13) ☐ My identification documents (for example, credit cards; birth certificate; driver's license; Social Security card; etc.) were ☐ stolen ☐ lost on or about _____
(day/month/year)
- (14) ☐ To the best of my knowledge and belief, the following person(s) used my information (for example, my name, address, date of birth, existing account numbers, Social Security number, mother's maiden name, etc.) or identification documents to get money, credit, loans, goods or services without my knowledge or authorization:

Name (if known)

Name (if known)

Address (if known)

Address (if known)

Phone number(s) (if known)

Phone number(s) (if known)

Additional information (if known)

Additional information (if known)

- (15) ☐ I do NOT know who used my information or identification documents to get money, credit, loans, goods or services without my knowledge or authorization.
- (16) ☐ Additional comments: (For example, description of the fraud, which documents or information were used or how the identity thief gained access to your information.)

(Attach additional pages as necessary.)

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GOVERNMENT AGENCY**

Victim's Law Enforcement Actions

- (17) (check one) I ☐ am ☐ am not willing to assist in the prosecution of the person(s) who committed this fraud.
- (18) (check one) I ☐ am ☐ am not authorizing the release of this information to law enforcement for the purpose of assisting them in the investigation and prosecution of the person(s) who committed this fraud.
- (19) (check all that apply) I ☐ have ☐ have not reported the events described in this affidavit to the police or other law enforcement agency. The police ☐ did ☐ did not write a report. *In the event you have contacted the police or other law enforcement agency, please complete the following:*

(Agency #1)

(Officer/Agency personnel taking report)

(Date of report)

(Report number, if any)

(Phone number)

(email address, if any)

(Agency #2)

(Officer/Agency personnel taking report)

(Date of report)

(Report number, if any)

(Phone number)

(email address, if any)

Documentation Checklist

Please indicate the supporting documentation you are able to provide to the companies you plan to notify. Attach copies (NOT originals) to the affidavit before sending it to the companies.

- (20) ☐ A copy of a valid government-issued photo-identification card (for example, your driver's license, state-issued ID card or your passport). If you are under 16 and don't have a photo-ID, you may submit a copy of your birth certificate or a copy of your official school records showing your enrollment and place of residence.
- (21) ☐ Proof of residency during the time the disputed bill occurred, the loan was made or the other event took place (for example, a rental/lease agreement in your name, a copy of a utility bill or a copy of an insurance bill).

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- (22) ☐ A copy of the report you filed with the police or sheriff's department. If you are unable to obtain a report or report number from the police, please indicate that in Item 19. Some companies only need the report number, not a copy of the report. You may want to check with each company.

Signature

I declare under penalty of perjury that the information I have provided in this affidavit is true and correct to the best of my knowledge.

(signature)

(date signed)

Knowingly submitting false information on this form could subject you to criminal prosecution for perjury.

(Notary)

[Check with each company. Creditors sometimes require notarization. If they do not, please have one witness (non-relative) sign below that you completed and signed this affidavit.]

Witness:

(signature)

(printed name)

(date)

(telephone number)

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Fraudulent Account Statement

Completing this Statement

- Make as many copies of this page as you need. **Complete a separate page for each company you're notifying and only send it to that company.** Include a copy of your signed affidavit.
- List only the account(s) you're disputing with the company receiving this form. **See the example below.**
- If a collection agency sent you a statement, letter or notice about the fraudulent account, attach a copy of that document (**NOT** the original).

I declare (check all that apply):

- ☐ As a result of the event(s) described in the ID Theft Affidavit, the following account(s) was/were opened at your company in my name without my knowledge, permission or authorization using my personal information or identifying documents:

Creditor Name/Address (the company that opened the account or provided the goods or services)	Account Number	Type of unauthorized credit/goods/services provided by creditor (if known)	Date issued or opened (if known)	Amount/Value provided (the amount charged or the cost of the goods/services)
Example Example National Bank 22 Main Street Columbus, Ohio 22722	01234567-89	auto loan	01/05/2002	\$25,500.00

- ☐ During the time of the accounts described above, I had the following account open with your company:

Billing name _____

Billing address _____

Account number _____

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